Business Expense Form



Employee Name: _____

Expense Date Ranges: _____ through _____

Date	Amount	Category	Mileage	Explanation
1/1/0000	45 x IRS Standard Reimbursement	Mileage	45	Drove to airport
1/2/0000	$400	Air travel	n/a	Flew to LA
1/3/0000	$55.00	Meals	n/a	Dinner
1/5/0000	$750.00	Hotel	n/a	3 nights stay

Please attach all receipts and documentation.

Employee Signature: _____

Supervisor Signature: _____

Date Filed: _____